

Application Data Sheet
Application Information

Application type:: Regular
Subject matter:: Utility
CD-ROM or CD-R:: None
Number of CD disks:: None
Number of copies of CDs:: None
Sequence submission?:: No
Computer readable form (CRF):: No
Number of copies of CRF:: None
Title:: **POWER SUPPLY DEVICE FOR
PERIPHERAL DEVICE**
Attorney docket number:: *CHI H 3004/EM*
Request for early publication?:: No
Request for non-publication?:: No
Suggested drawing figure::
Total drawing sheets:: 2
Small entity?:: Yes

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: **TAIWAN, R.O.C.**
Status: Full capacity
Given name:: *Li-Chun*
Middle name::
Family name:: **CHIH**
Name suffix:: None
City of Residence:: **Taoyuan Hsien**
State or province of residence:: n/a
Country of residence:: **TAIWAN, R.O.C.**

Street of mailing address:: **No. 10, Alley 3, Lane 2, Hsiangyun
St., Longtan Shiang,**
City of mailing address:: **Taoyuan Hsien,**
State or province of mailing
address:: **n/a**
Country of mailing address:: **TAIWAN, R.O.C.**
Postal or zip code of mailing
address:: **n/a**

Applicant Information

Applicant authority type:: **Inventor**
Primary citizenship country:: **TAIWAN, R.O.C.**
Status: **Full capacity**
Given name:: **Yu-Wen**
Middle name::
Family name:: **HSIAO**
Name suffix:: **None**
City of Residence:: **Taoyuan Hsien**
State or province of residence:: **n/a**
Country of residence:: **TAIWAN, R.O.C.**
Street of mailing address:: **No. 10, Alley 3, Lane 2, Hsiangyun
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address:: **n/a**
Country of mailing address:: **TAIWAN, R.O.C.**
Postal or zip code of mailing
address:: **n/a**

Correspondence Information

Correspondence customer number:: **23364**
Phone number:: **703-683-0500**

Fax number:: 703-683-1080

E-mail address:: Mail@baconthomas.com

Representative Information

Representative customer number:: 23364

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
No			

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::

Assignee Information

Assignee name:: No

Street of mailing address::

City of mailing address::

State or province of mailing address::

Country of mailing address::

Postal or zip code of mailing
address::